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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	<i>Application Number</i>	10/754,362 - Conf. #7606
	<i>Filing Date</i>	January 8, 2004
	<i>First Named Inventor</i>	James Weldon et al.
	<i>Art Unit</i>	3731
	<i>Examiner Name</i>	Timothy J. Neal
	<i>Attorney Docket Number</i>	29985/03-006

This Is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1 **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered applicant must request non-entry of such amendment(s)

a Previously submitted If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked

i Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii Other _____

b Enclosed

i Response to Final Office Action dated 4/27/2007 iii Information Disclosure Statement (IDS)

ii Affidavit(s)/Declaration(s) iv Other _____

2 **Miscellaneous**

a Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b Other _____

3 **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed

a The Director is hereby authorized to charge the following fees or credit any overpayments to Deposit Account No. _____

i RCE fee required under 37 CFR 1.17(e)

ii Extension of time fee (37 CFR 1.136 and 1.17)

iii Other _____

b Check in the amount of \$ _____ enclosed

c Payment by credit card

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Brent E. Matthias	Registration No. (Attorney/Agent)	41,974
Signature			Date
			October 15, 2007